PATENT APPL CLAIN U.S. NATIONAL STAGE FEE	Effective D	ecember D - PART	8, 20	004			1/	pplicat	ion or Docker	t Number	
	(Col		I Na	Marcal Chara Man	٠.			Application or Docket Number			
	(Col				986	eina			Mington Atva	edo	
U.S. NATIONAL STAGE FER	s	(Column 1)		Perstagai Specialis (703): 685-6421		SMALL E	YTITM	. 0	ORUMSON ACCURATION (709) 365-8421		
					7	RATE	FEE		RATE	FEE	
BASIC FEE	SMALL E	NT. = \$ 150	LAF	RGE ENT. = \$ 300	1	BASIC FEE	 	٦,	R BASIC FEE		
EXAMINATION FEE		Satisfies PCT Article 33(1)- (4) = \$50/\$100		other situations = \$ 100 / \$ 200	-	EXAM. FEE	+	7	 	300	
SEARCH FEE	U.S. is ISA : ALL other	U.S. is ISA = \$50/\$100 ALL other countries = \$200/\$400		other situations = \$ 250 / \$ 500		SEARCH FEE		1	SEARCH FEE	207	
EE FOR EXTRA SPEC. PGS.		inus 100 =		/ 50 =		X \$ 125 =	-	\dashv		700	
OTAL CHARGEABLE CLAIMS	521	52 minus 20 = .		32.		ļ	 	-	X \$ 250 =	-	
NDEPENDENT CLAIMS				ok.		X \$ 25;=	 	OR	X \$ 50 =	YOC	
ULTIPLE DEPENDENT CLAIM PRESENT			*	-/		X \$ 100 =	<u> </u>	OR	X \$ 200 =	200	
If the difference in column 1 is less than zero, enter "0" in						+ \$ 180 =		OR	+ \$ 360 =		
and amoronce in column 1	is less than ze	ro, enter "0"	in co	olumn 2		TOTAL		OR	TOTAL	1260	
CLAIMS A. (Column 1) CLAIMS	S AMENDEI	(Colum	n 2)	(Column 3)		SMALL E	ENTITY	OR	OTHER SMALL		
REMAINING AFTER AMENDMENT	1	HIGHE NUMBI PREVIOL PAID FO	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total •	Minus	**		=		X \$ 25 =		OR	X \$ 50 =		
Independent *	Minus	***		=	ſ	X \$ 100 =		OR	X \$ 200 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					ľ	+ \$ 180 =		OR	+ \$ 360 =		
					L	TOTAL ADDIT.		ОR.	TOTAL ADDIT.		
						FEE L	 	ĢΚ	FEE	<u> </u>	
(Column 1) CLAIMS REMAINING AFTER		(Column HIGHES NUMBEI PREVIOUS	R	(Column 3) PRESENT EXTRA	ſ	RATE	ADDI- TIONAL		RATE	ADDI-	
Total 4	-	PAID FO		CXIIX	L		FEE		MIE	TIONAL FEE	
	Minus	**		=	L	X \$ 25 =		OR	X \$ 50 =		
Independent *	Minus	***	1	=		X \$ 100 =		OR	X \$ 200 =		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+ \$ 180 =		OR	+ \$ 360 =		
					T	OTAL ADDIT. FEE		L	TOTAL ADDIT.		
· •									FEE L		
If the entry in column 1 is less than the "Highest Number Previously Pain" It is the "Highest Number Proviously Pain" It is the "Highest Number Proviously Dain"	KI FAC IN THIS CD	A/CE la face 4h-	****								
If the "Highest Number Previously Pail The "Highest Number Previously Paid										İ	